Statement of Andrew Slavitt
Chief Executive Officer, Ingenix

To the HIT Policy Committee
Hearing on Health Plans

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On behalf of my colleagues at Ingenix, I'm pleased to present our thoughts to you regarding the important role health care payers can and must play in providing actionable information to physicians by supporting decision making at the point of care and positively impacting health outcomes.

Ingenix: A Unique Perspective On the Physician Office

Ingenix is a leading health information, technology and consulting company with more than 10,000 employees in 50 countries and over $1.8 billion in revenue. Over the past decade, we have gained a set of experiences which affords us with a unique perspective on how health information can be used to support physicians at the point of care.

- Ingenix understands and **directly serves the care provider community** like few others, with over 240,000 direct physician clients and nearly 6,000 hospital clients to whom we provide data, software, services, and consulting.
- In addition to understanding the provider perspective, Ingenix brings the **payer, life sciences, government, and employer perspectives**—both to policy questions and to our day-to-day work with the provider community. Ingenix supplies information, software, services and consulting to 334 state and federal government agencies; more than 1,900 health plans; more than 300 life sciences companies; and more than 100 major employers in the U.S. As an independent subsidiary of UnitedHealth Group, we have affiliate companies with leading market positions in the commercial health plan market, the Medicaid market, the Medicare market, the behavioral health and ancillary benefit market, the patient care management market, and the pharmacy benefit manager market. All of this provides us with end-to-end insight into the daily operations of the health care market place. We use this insight to benefit the provider community.
- The **expertise and experience of our people** is tremendous. Our workforce, carefully built over the last 15 years includes the largest collection of thought-leading health care scientists, epidemiologists, economists, biostatisticians, clinicians, policy analysts, actuaries and consultants with distinct views of how health information should be used, and the impact it can have on improving lives. This is a deep workforce in many dimensions – as examples, we have over 300 health outcomes economists who measure the impact of various treatments, and we have 11 oncologists on staff who understand both the science and the practice of treating cancer patients.
- Our **access to health information** is unique. Ingenix's longitudinal databases cover more than 90 million patients and span over 15 years. This has allowed Ingenix to help develop an understanding into patient cost and quality outcomes and to create analytical methods we have been able to deploy around the industry. As an example of the power of our data, we have nearly 4 million diabetics in our database and conduct significant research with that data —what drugs, what lifestyles, what complications, what pre-cursors, and what treatments have worked best, and on which people?
- Our **innovation in the use of health information** is what we are best known for. As examples, we have over 200 decision-support software products; have created and maintain the leading methodology for measuring cost and quality of episodes of care; provide information for 730M online consumer provider searches annually; operate the Lewin Center for Comparative Research to investigate new treatments and identify what therapies are most effective; are a leading provider of real-time decision support to physicians using EHRs in the United Kingdom; and manage major public health issues

using our extensive information and knowledge assets, including the testing and monitoring of the H1N1 vaccine.

- Through our **CareTracker physician practice** offering, we have developed leading software and services which allow thousands of physicians, usually in very small practices, to manage all the functions of their practice end-to-end, including a CCHIT-certified EHR. The entire suite of services is offered through the web, as software-as-a-service. CareTracker provides access to the critical applications physicians need to manage their populations, treat patients, connect and coordinate care, and manage their back office. The EHR offering is available for $390 month and comes with full support and a commitment to assist the physician practice in achieving the "Meaningful Use" standards when they are finalized.
- In partnership with the AMA and selected physicians, Ingenix has launched the **Ingenix Model Physician Office**. These model offices are pilots where Ingenix is digitizing the offices' optimal workflow and inserting critical information to improve the patient-physician experience. The Model Office makes use of the best information capabilities available today in a context driven by real needs of physicians.

The Challenge for Health IT

The challenge we face in creating and promoting Health IT begins not with technology or with information, but simply with the opportunity to remove defects from the system through improved consistency, productivity, and efficiency. Three understandings outline our view of this challenge.

1. **Cost and Quality Defects.** According to a study by our subsidiary, The Lewin Group, there is an estimated $1 trillion in waste in the U.S. health care system annually. The three largest categories are $260 billion from inconsistent care delivery, $400 billion from unhealthy behaviors/consumer choices, and $200 billion from inefficient administration.
2. **The Role of IT.** Better use of information, typically in the physicians' office or patient care coordination processes, provides the underpinnings necessary to address each of these three inefficiencies—improving consistency in care delivery, improving the ability of doctor and patient to focus on the consequences of lifestyle choices, and reducing inefficient administration. In addition, payment system reform and new models of patient management also depend upon on this same development of information technology.
3. **The Adoption Challenge.** Key barriers to health IT adoption are under-development of physician-centered solutions, physician perceptions around cost and complexity, and lack of familiarity with technology solutions are significant barriers to health IT adoption. These challenges are unlikely to be solved with financial incentives alone. This year, Ingenix conducted research regarding physician attitudes towards the ARRA and the adoption of EHRs (research summary attached). The research uncovered two concerns that need to be addressed, particularly in the small physician office environment: (1) we found that doctors believe that adopting EHRs will introduce significant new costs that will encumber their practice; and (2) doctors believe that disruptions to their workflow will offset or outweigh the potential for clinical gains from deploying an EHR.

The adoption of technology, and thus the opportunity for real transformation of the health system, is at risk unless health IT can be made to work for care providers.

Making Health IT Work: 3 Premises

Ingenix supports the Administration's actions to improve health care through the meaningful use of information and technology. We know that the information flow enabled by technology holds vast potential for helping care-givers improve patient outcomes while reducing costs. Yet, we also know that incentives that simply promote use of technology and produce reports will not necessarily increase productivity or improve health care results. Three premises summarize our view as to how health IT goals can be achieved.

1. **Put Useable Information in the Workflow.** While common estimates show that compliance with evidence-based treatment guidelines is less than 50%, our analysis shows that a large majority of the time, the proper information in the proper hands at the proper time, will, in fact, improve outcomes. Only a small percentage of the time are lagging outcomes a matter of insufficient physician expertise. Better information creates better care.
2. **Invest in the Trilogy.** Developing an infrastructure to support effective use of health IT to improve consistency of treatments, facilitate healthier patient choices, and reduce administrative waste requires three pillars: (a) the development of valuable ***content***; (b) consistent, efficient, and secure ***connectivity***; and (c) low-cost ***access*** to information for the provider at the right place and the right time. Polices that maximize the tipping points and account for dependencies in these three areas will ultimately be the most successful.
3. **Focus on Services for Physicians.** People, physicians included, seldom adopt "technology;" they use services that improve their lives. Rarely do they seek to transform the way they do things without good reason -- even with third-party incentives. People do, however, very frequently adopt new services that solve real problems for them - often through applied technology. When this happens successfully, the technology platform itself is in the background and the service is in the foreground, as is the case with so much of the commonly used technology applications today: on-line banking, ATM's, on-line travel. The killer applications that emerge out of the EHR infrastructure will gain mass adoption by attacking common physician problems and creating obvious benefits.

While the challenge shouldn't be underestimated, it should also not be overcomplicated. There is good evidence that once physicians adopt new technologies, their practices are transformed and the results are significant. Ingenix has witnessed several cases in which connecting the right data to the physician to inform care decisions has demonstrated significant positive results.

When It Works: A Case Study of The State of Michigan Department of Community Health

Ingenix has worked with the State of Michigan since 1994. With the state, we worked to integrate data from 15 separate state programs to form a single data warehouse, enabling advanced analytics to assess care and costs across multiple programs and the examination of statewide health issues in order to increase access and target preventive care efforts. This knowledge was also linked into the care setting. Some examples of what this work has facilitated include:

- During the 2006-2007 flu seasons, we worked with the state to identify children on Medicaid who were at risk of flu complications. When any of these children presented at a physician's office, a message popped up on screen, alerting the physician to administer flu vaccine. 59,000 children were treated under this program.
- We helped the state reduce lead poisoning amongst children by 35% between 2003 and 2007, and increased the percentage of Medicaid-enrolled 3-year-olds screened for lead to 72 percent as of January 2009. To do this, we identified the 14 Michigan communities that represented nearly 80 percent of all child lead poisoning cases and targeted lead screening efforts to ensure the children at greatest risk received the care they needed.
- As a result of these and other initiatives, the state has removed approximately $200 million in annual costs from its health care programs since 2005, due to efficiencies gained and improved health outcomes.

Harnessing the Power of Health Information Starts with Meeting the Needs of Doctors[1]

Physicians—like most individuals and small businesses—are most likely to adopt technology when it truly solves real problems or makes life better, easier, more effective or more productive.

1Not Payers

Physicians need help with six core areas where information and thus technology can assist: (1) managing their population of patients; (2) assisting with treatment decisions at the point of care; (3) coordinating the care of patients across multiple providers; (4) streamlining practice workflow; (5) simplifying reporting and compliance processes; and (6) managing claims and reimbursement functions so they can be paid correctly upon first submission of claim information. Making these areas work better – easily – is the key to physician adoption of technology. As physicians adopt technology to solve these problems, they not only improve their own practices, but they improve consistency, productivity and outcomes across the entire health system.
The transformation that results from this focus can amount to something very simple and powerful —improving the precious 15 minutes a patient has with a physician. This transformation can be best characterized by what the physician can accomplish which is at the heart of the Ingenix Model Physician Office.

Ingenix Model Physician Office

Today	*Model State*
▪ What seems to be the trouble?	▪ It looks like you've visited three doctors for this and things haven't gotten much better.
▪ Well, there are a few things you can try. . .	▪ The evidence suggests that people your age usually do better when . . .
▪ I want to get some lab results and then we'll have the office call you Wednesday.	▪ By the time you're back from lunch, I'll have your results. You'll walk out of here able to rule out the most serious concerns.
▪ That's an unusual symptom. I've had one patient with these issues, but he was quite a bit older.	▪ Let's see . . . It looks like what you are experiencing is not at all uncommon as it once was. And most people appear to be treating it by working on lowering blood pressure.
▪ Here is a prescription for x.	▪ It appears that you did not refill similar prescriptions like x in the past. Let's talk about why, because I'm considering prescribing something similar.
▪ I'd like to refer you to a local medical center and specialist to complete this procedure …	▪ For this procedure, I'm referring you to a center that has completed over X number of these procedures with well documented successful outcomes. With this Center's results, you can be back on a bicycle in 8 weeks.

The Good News - #1: The information exists ***today*** inside Ingenix to make the simple transformation described by the dialogue above. It also exists inside payers, labs, and PBM's across the system and is there to be harnessed. EHR information adds clinical depth to longitudinal and care system breadth.

The Good News - #2: Physicians also report in our research that they are most influenced in adoption decisions by other physicians. This key insight indicates to us that policies should focus on obtaining "tipping points" in the adoption of key, interdependent functions.

Hazard #1: Providing this content should not be thought of as simply an exercise in dumping information from a payer to a providers' office – in either paper or a portal. Past experience has proven that layering multiple new processes for accessing and reporting data on physicians, particularly when those processes are different across multiple payers, does not help. In fact, they introduce new burdens and new costs. They also exacerbate the sense amongst physicians that government and commercial payers are out of touch with the realities of every day health care practice.

Hazard #2: Workflow solutions, when developed, cannot cost tens of thousands of dollars up front, require ongoing maintenance and upgrades, and introduce significant time requirements for implementation and training. Low-cost/software-as-a-service capabilities can be more easily deployed, as we have done with the Ingenix CareTracker EHR. The EHR functions primarily as an access point for the physician to see the patient's comprehensive medical record, history of prescriptions and whether they've been filled, view current data on best Evidence-Based-Medicine for a certain condition, and determine the best specialist to whom the patient should be referred, based on the specific case. The EHR also serves as a communication vehicle between labs, hospitals, providers, and the patient. In addition, reminders for follow-up care, reporting requirements for pay-for-performance and other provider measurement programs are tracked automatically, so the doctor can focus her time on care rather than administration.

Policy Considerations

Ingenix appreciates the opportunity to highlight at a very high level several areas that Policy Committee members might consider to foster better care and continued innovation through technology and the application of information to care delivery. Specifically, we recognize the positive steps already taken by this Committee and the National Coordinator, and are encouraged by the path of action that the Committee is demonstrating.

We would encourage the Committee to continue to focus on the elements we have outlined here: (1) encouraging the development and provision of high quality **content** and analytics; (2) establishing a sustainable **connectivity** infrastructure to move content securely and efficiently into the care setting; and (3) encouraging low cost **access** to the information infrastructure for physicians. We will also cover two other areas of importance: (4) **standards** development and (5) enabling the use of information at an aggregated level to support transparency, episode payment methodologies and performance **measurement**.

1) PROMOTING CONTENT AND ANALYTICS AT POINT OF CARE

Payer health informatics provides a base of content from which the system can build. Administrative data is leveraged primarily by health plans to support care management and provider performance programs to improve quality and cost of care for their members. Existing applications of health information and technology, such as a comprehensive patient history, identification of gaps in care, risks, drug safety alerts, and presentation of the comparative effectiveness of treatments, can be real-time today, to physicians at the point of care. The greater the volume of data that can be aggregated and analyzed, the more valuable the content becomes. Incorporating EHR data and federal data could provide more richness and accuracy to existing health analytics applications.

Key policy considerations:

- Support policies which encourage health plans, labs, PBMs and other holders of data to aggregate and participate in the commercialization of health care information.
- Recommend that CMS prescription drug and lab value data be made available real-time, through the use of electronic reporting and feedback, in a HIPAA compliant manner. This information has the highest operational and predictive value. Problem lists and allergy lists should be made available first. In the near term, CMS should release its store of Medicare and Medicaid claims data after it has been patient de-identified, and should incent commercial payers to do so under similar terms.
- Examine the value of incorporating all payer claims data information, currently reported at the state level, into the CMS Hospital Compare web site. APCD data will improve the value of the comparisons made through the publically reported data by enhancing Medicare information with private data.

- Consider promoting standards for clinical data evaluation, especially for measuring and calculating clinical thresholds as meaningful use standards evolve in 2013 and 2015.
- Ensure **privacy and security** is integral to standards development. The Policy Committee has rightly set privacy and security as foundational requirements for its policy framework. We agree. We believe that uniform, consistently-applied rules will enhance patient, provider and payer trust in the system. Frequent changes to the rules, however, could erode trust in the system. We suggest two other considerations: rigorous certification of privacy programs to establish good practices, in exchange for minimizing legal risks for inadvertent breaches of data security; and adding pure health data research as health care operations under HIPAA.

2) PROMOTING SUSTAINABLE CONNECTIVITY: ROBUST HEALTH INFORMATION EXCHANGE TO SUPPORT FLOW OF HEALTH INFORMATION

Generations of valuable health information will be strictly limited without robust health information exchanges for aggregation and dissemination. Today, health information exchanges (HIEs) are struggling to gain the right infrastructure, governance, and operating principles for long term sustainability. We believe that a sustainable HIE business model is achievable, but that the model will need to simplify all the information flows into and out of a physician office, combining administrative and clinical information exchange. The administrative data payments can become the sustaining model that supports free clinical data services. Making data available to third parties for enriched analytics at the point of care should provide further funding.

Key policy considerations:

- Common standards for administrative and clinical data use and exchange; these standards should seek to treat both types of information as joint rather than separate.
- Common standards for a National Health Information Network (NHIN) and the associated technology of all stakeholders — HIEs, payers, clearinghouses, gateways, physicians, vendors, government — and including privacy and security oversight for the whole health care system. "Auditability" should be a key component of the healthcare connectivity infrastructure.
- Broaden understanding of "Meaningful Use" to go beyond exchange and interoperability of data to allow for actionable intelligence that provides answers at the point-of-care.

3) EXPANDING ACCESS: EHR INTEGRATION INTO PROVIDER WORKFLOW

Physicians' adoption of EHR technology will rest on two simple considerations: Is it easy to install and use? Does it add meaningful value to the practitioners for the price they pay?

EHR technology must provide meaningful value beyond reporting and compliance purposes. Decision support and information exchange must be built with a focus on delivering value, not just data, to physicians. If we set a policy framework that does not focus on things like nomenclature translation, patient context or alerts based on evidence based medicine, physicians may be lost in a sea of data they don't know how to use. Likewise, if the accessible information is simply the digitalization of paper-based patient records today, physicians may not use it to meaningfully change care delivery – again, technology will have been implemented to comply with reporting requirements, rather than to improve the lives of patients and physicians.

Key policy considerations:

- Promote policies that make applications that achieve Meaningful Use accessible to all physicians. The more physicians that participate, the greater opportunity there will be for health plans to help improve care through measurement and feedback. Small physician offices are generally not equipped to deploy and support heavy on-site applications and need a solution that's robust, yet easy to use and install. Policies which encourage software developers to create innovative and low-cost access points without prescribing technologies should be supported.
- Ensure applications are delivering value into the physician's hands, not into an office compliance function. To promote meaningful use, vendors need to deliver information in a way that is personalized through choice of "pop-up" tasks or personalized dashboards, as examples of the ways physicians may want to review and process information. This is necessary to ensure real-time feedback to physicians is actually used. Policy must inspire and recognize innovation from vendors.
- Clinical data should not just be warehoused in an office or region: we should promote standards as part of Meaningful Use that require real-time (or near real-time) sharing of data with payers so that feedback can be provided to the point of care to improve decision-making. Virtual, federated data models should be encouraged to minimize cost and privacy considerations. Policies should also allow for and support the development of innovation and business models which enrich data.

4) STANDARDS ADOPTION: PROMOTING A FRAMEWORK FOR STANDARDS FOR PATIENT INFORMATION EXCHANGE

One of the key goals for improving the health care system is an appropriate framework for exchange of information that promotes care at the point of delivery. As discussed above, payers can assist in this process. We must ensure that standards and operating rules are adopted and modified in an accelerated manner so that physicians can enjoy the gains produced through collaboration. The underlying vehicle for accessing health information exists in part today through standard transactions. The steps, however, to improve the usability, definitions, and processes for standard transaction development need to undergo continual change in order for "Meaningful Use" to be appropriately realized.

Today, when a patient sees her physician, the eligibility transaction defines what health plan covers the patient and ideally what benefits and financial structure the patient has available to pay for the services being rendered. In the future, this transaction should also trigger access to the Electronic Health Record so the patient's electronic record is available to the physician at the time of treatment (with permission from the patient.) The evolution of these transactions is essential to the advancement of data exchange for the health care industry.

Whether developed by X12, HL7, or CAQH/CORE, it is critical that transaction standards evolve quickly to support the industry and that those who write the operating rules work closely with the standards development organizations to continue to improve on the standard transactions in a way that minimizes the need for extensive operating rules. We encourage strong collaboration across the industry in this regard to reduce the cycle time of HIPAA adopted standards. The current seven to ten year cycle of standards development is expensive and restrictive on an industry that needs to change quickly.

5) ENABLING TRANSPARENCY AND NEW PAYMENT MODELS

We recommend that the reporting and sharing of data for Meaningful Use align with existing methods for evaluating compliance with evidence based standards, contributing data toward the calculation of an episode, and the measurement of both cost and quality used by payers and providers. Assessing gaps within current payer analytics and incorporating other data elements that could be captured by EHRs will allow a much more robust, less intrusive, less costly approach to assessing provider performance and will support development of a pay-for-value/outcomes system.

We further advocate that both the process for measurement and performance measures be transparent and available to the industry, including consumers, so all can view how providers compare against their peers in meeting meaningful use and other quality and cost measures.

Key policy considerations:

- Make the sharing of real-time data with payers part of Meaningful Use. This will enable real-time feedback to physicians at the point of care.
- Use existing and accepted measurement methodologies for cost and quality measurement and overlay clinical data into those methods.

CONCLUSION

In our experience, information and analytics has been used successfully -- primarily by government and commercial payers who work closely with the physician community -- to improve results at the point of care. We stand at a point when the benefits of health IT can be broadened to a wider base of physicians, deepened to create more impact, and made permanent to improve the outcomes delivered by the health system at large. As the Policy Committee sets a framework for enabling health IT to improve outcomes and reduce costs, both Ingenix and UnitedHealth Group affiliate companies offer ourselves as a resource to assist in ensuring success.

I appreciate the opportunity to testify and look forward to answering any questions.